

New Jersey Department of Environmental Protection  
General Services  
Examinations & Licensing Unit

OFFICE USE ONLY	
App. Fee	_____
RA	_____
Date	_____
Initial Lic. Fee	_____
RA	_____
Date	_____

**APPLICATION FOR**  
**NEW JERSEY JOURNEYMAN WELL DRILLER LICENSING EXAMINATION**

**INSTRUCTION SHEET**

Enclosed is an application and study material for the New Jersey Journeyman Well Driller Licensing Examination.

- All applicants must circle the appropriate test month.
- All applicants must attach a copy of their high school diploma or GED certificate to the application.
- All applications and your two reference questionnaires, Form ADM-166B, must be completely filled out and notarized or your application will be rejected. Examination choices must be made on the enclosed form and submitted with your completed application.
- In order to qualify for the New Jersey Journeyman Well Driller Licensing Examination you must have at least three years of well drilling experience as of the signature date on the application.
- All applicants must assure that the five wells listed in Section B are included with the total of the wells listed on your reference questionnaires.
- Category 5 wells are not acceptable as well drilling experience.
- New Jersey Experienced Applicants Only: You must attach to your application, a legible copy of the State Well Permit and Well Record for each of the five wells you list in Section B or your application will be rejected.

A non-refundable \$35.00 check made out to the "Treasurer, State of New Jersey" should be enclosed with the application and the completed package sent to the following address:

New Jersey Department of Environmental Protection  
Examinations & Licensing Unit  
PO Box 441  
Trenton, New Jersey 08625-0441

Further notice will be sent to you after your application is reviewed and accepted, indicating the date, time and location for your scheduled examination. A location map for the testing center will be included with the notification.

**NOTE: NO EXCEPTIONS FOR LATE APPLICATIONS**  
**Applications must be postmarked by the appropriate closing date.**

Regularly scheduled examinations will be held during the second or third week of each test month:

	<u>TEST MONTH</u>	<u>APPLICATION CLOSING DATE</u>
(Please circle the appropriate month you wish to be tested) →	April	March 1
	October	September 1

under the provisions of N.J.S.A. 58:4A-4.1 et seq.

PLEASE TYPE OR PRINT

**A. GENERAL INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
Street, Town, State & Zip Code

Daytime/Work Phone No. (\_\_\_\_) \_\_\_\_\_ \*Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*\*The social security number is required of all individuals applying for any license in accordance with Child Support Act (N.J.S.A. 2A:17-56.44e). Failure to provide this information will result in an automatic rejection of your application.*

Applicant is subject to examination before the New Jersey State Well Drillers and Pump Installers Examining and Advisory Board under the provisions of N.J.S.A. 58:4A-10.

Did you graduate from high school or possess a high school equivalency certificate?

☐ Yes ☐ No Year Graduated/GED obtained \_\_\_\_\_

A copy of your high school diploma or GED certificate must be attached to your application or it will be rejected.  
List any colleges, universities, vocational and/or business schools attended

NAME & LOCATION OF SCHOOL	MAJOR AREA OF STUDY	DATES ATTENDED
		From _____ To _____
		From _____ To _____

**B. WORK EXPERIENCE** (Attach additional sheets if necessary)

Fill in your prior experience in well drilling. All applicants must indicate the month, day and year for each employment date listed.

NAME, ADDRESS & TELEPHONE # OF EMPLOYER	DESCRIBE YOUR DUTIES & RESPONSIBILITIES	DATE EMPLOYED
		From _____ To _____
		From _____ To _____
		From _____ To _____

Do you possess any New Jersey Pump Installers, Soil Borers, Dewatering Well or Monitoring Well Licenses? ☐ Yes ☐ No If Yes, please list below

Type of N.J. License	N.J. Registration #	Date Issued	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you possess any out-of-state Well Driller License(s)? ☐ Yes ☐ No

If Yes, please list below and attach copy of your license.

State Issued	License Number	Date Issued	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NEW JERSEY WELL DRILLING EXPERIENCE:** (To be completed by applicants with in-state experience only)

You must list a minimum of five wells you have obtained experience with during construction within the last three years as of the signature date on the application. **NOTE:** These five wells listed must correspond to your reference questionnaires as described in the instruction sheet.

If you are applying for the Journeyman well drillers license category, **three** of the five wells listed must have been constructed as either Category 1 or Category 2 wells. **Two** of the five wells listed as experience must have been constructed as Category 3 wells installed to depths of at least 25 feet using the oversized borehole method.

If you are applying for the Class B Journeyman well drillers license, **all five** wells listed must be either Category 1 or Category 2 wells.

**NOTE:** Category 5 wells **are not** acceptable as work experience.

N.J. WELL PERMIT NO.	N.J. WELL DRILLER WHO SUPERVISED YOUR WORK	N.J. WELL DRILLER REGISTRATION #	DATE OF DRILLING	DEPTH OF WELL	METHOD OF DRILLING
1					
2					
3					
4					
5					

**OUT-OF-STATE WELL DRILLING EXPERIENCE:** (To be completed by applicants with out-of-state experience only)

You must list a minimum of five wells you have obtained work experience with during construction within the last three years as of the signature date on the application.

**NOTE:** These five wells listed must correspond to your reference questionnaires described in the instruction sheet.

If you are applying for the Journeyman well drillers license category, **three** of the five wells listed must have been constructed as either Category 1 or Category 2 wells. **Two** of the five wells listed as experience must have been constructed as Category 3 wells installed to depths of at least 25 feet using the oversized borehole method.

If you are applying for the Class B Journeyman well drillers license, **all five** wells listed must be either Category 1 or Category 2 wells.

**NOTE:** Category 5 wells **are not** acceptable as work experience.

TYPE OF WELL CONSTRUCTED	WELL DRILLER WHO SUPERVISED YOUR WORK	DATE OF DRILLING	DEPTH OF WELL	METHOD OF DRILLING
1				
2				
3				
4				
5				

The Board requires current National Ground Water Association Certification (NGWA) in the appropriate well drilling category(s) for all out-of-state experienced applicants. Please attach a copy of all of your NGWA Certification(s) and provide the following information:

NGWA Certification

Category(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### C. VERIFICATION OF WORK EXPERIENCE

Please list the names and pertinent information of the two references who will verify your work experience on the wells listed above in Section B of this application. Each of these two references must complete and notarize a Reference Questionnaire or your application will be rejected.

[New Jersey Experienced Applicants Only: One of your two references must be a NJ Licensed Master, Journeyman or Monitoring Well Driller (as applicable). A Journeyman B licensed driller is not an acceptable reference for Category 3 wells. The well driller(s) of record whose name and NJ Well Driller Registration number appear on the State well record forms submitted as per Section B above must be the well driller(s) who supervised your work and must also be the individual(s) listed as your reference(s).]

NAME	ADDRESS	PHONE NUMBER	N.J. WELL DRILLER REGISTRATION # <i>(if applicable)</i>
1		(    )	
2		(    )	

#### D. OATH OF APPLICANT

State of \_\_\_\_\_

County of \_\_\_\_\_

*I, the undersigned applicant, certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.*

Signature of Applicant

Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

*Notary Public*

(Official Seal)

## EXAMINATION SELECTION SHEET

All applicants applying for a Journeyman Well Driller License must complete **ALL** portions of this form.

Applicant's Name: \_\_\_\_\_  
(Please print)

Applicant's Signature: \_\_\_\_\_

### Applicants for a Journeyman Well Driller License Must Choose One of the Following Exam Categories

- |   |   |
|---|---|
| <input type="checkbox"/> (A) AIR ROTARY | <input type="checkbox"/> (B) MUD ROTARY |
| <input type="checkbox"/> (C) CABLE TOOL |   |

Applicants for a Journeyman Well Driller's Licensing Examination **must** select an examination licensing category for either the Journeyman License or Class B Journeyman License. Your selection should be based upon your experience since the licensing examination you do select will test your knowledge on the various types of wells authorized for each category as described below.

The Journeyman license, when obtained, will authorize you to construct **all** categories of wells with the **exception** of public community supply wells.

The Class B Journeyman license, when obtained, will authorize you to construct **all** categories of wells **excluding** Category 3 wells **AND** public community supply wells.

### PLEASE SELECT ONLY ONE CLASSIFICATION

Journeyman License	Class B Journeyman License
<input type="checkbox"/>	<input type="checkbox"/>

### **REMINDER:**

- HAVE YOU INDICATED WHICH TEST MONTH YOU WISH TO TAKE YOUR EXAMINATION?
- HAVE YOU COMPLETED ALL APPROPRIATE SECTIONS OF YOUR APPLICATION AND ATTACHED LEGIBLE COPIES OF ALL PERTINENT INFORMATION?
- HAVE YOU ATTACHED YOUR TWO SIGNED AND NOTARIZED REFERENCE QUESTIONNAIRE FORMS, ADM-166B.
- HAVE YOU SIGNED AND NOTARIZED ALL APPROPRIATE PORTIONS OF YOUR APPLICATION?
- HAVE YOU ATTACHED YOUR NON-REFUNDABLE \$35.00 APPLICATION FEE PAYABLE TO "TREASURER, STATE OF NEW JERSEY"?

**REFERENCE QUESTIONNAIRE  
AND VERIFICATION OF EXPERIENCE**

**PLEASE PRINT**

Applicant's Name \_\_\_\_\_

**I. EXPERIENCE QUESTIONNAIRE**

1. How many years/months have you supervised the applicant in well drilling activities?

FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

2. List the well drilling operations you have supervised the applicant with during the actual drilling of wells.

Please list as follows:

Type of Well	Depth of Well	Drilling Method	Date Drilled	N.J. Well Permit # (if applicable)

**II. NOTARIZED OATH OF REFERENCE**

*I hereby certify that the information provided in this questionnaire is true to the best of my knowledge and belief.*

\_\_\_\_\_  
Name of Reference (Please Print)

\_\_\_\_\_  
Signature of Reference

N.J. Well Driller's Registration # \_\_\_\_\_  
(if applicable)

Sworn to and subscribed  
before me this \_\_\_\_\_ day

of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

(Official Seal)

\_\_\_\_\_  
Signature of Notary Public

**REFERENCE QUESTIONNAIRE  
AND VERIFICATION OF EXPERIENCE**

**PLEASE PRINT**

Applicant's Name \_\_\_\_\_

**I. EXPERIENCE QUESTIONNAIRE**

1. How many years/months have you supervised the applicant in well drilling activities?

FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

2. List the well drilling operations you have supervised the applicant with during the actual drilling of wells.

Please list as follows:

Type of Well	Depth of Well	Drilling Method	Date Drilled	N.J. Well Permit # (if applicable)

**II. NOTARIZED OATH OF REFERENCE**

*I hereby certify that the information provided in this questionnaire is true to the best of my knowledge and belief.*

\_\_\_\_\_  
Name of Reference (Please Print)

\_\_\_\_\_  
Signature of Reference

N.J. Well Driller's Registration # \_\_\_\_\_  
(if applicable)

Sworn to and subscribed  
before me this \_\_\_\_\_ day

of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

(Official Seal)

\_\_\_\_\_  
Signature of Notary Public

October 2003

**JOURNEYMAN CLASS B WELL DRILLING LICENSE**  
**LIST OF SUGGESTED STUDY MATERIALS**

**“Ground Water & Wells”,**Driscoll (1986)  
Smythe Companies of Austin  
Att: Book Orders  
508 10<sup>th</sup> Street N.E.  
Austin, MN 55912  
Phone: 800-397-6110

The following six publications are available from:

National Ground Water Association  
601 Dempsey Road  
Westerville, OH 43081  
Phone: 800-551-7379  
Fax: 614-898-7786  
Web site: [www.ngwa.org](http://www.ngwa.org) (the on-line store)

1. **“Ground Water Hydrology for Water Well Contractors”**
2. **“Water Well Drillers Beginning Training Manual”**
3. **“Employee Safety Manual”**
4. **“Well Drilling Operations”**
5. **“Manual on the Selection and Installation of Thermoplastic Water Well Casing”**
6. **“Well Drilling Manual”**



The following ASTM Standards are available from:

ASTM International  
100 Barr Harbor Drive  
West Conshohocken, PA 19428  
Phone: 610-832-9585  
Web Site: [www.astm.org](http://www.astm.org)

**ASTM Standard D1586-99**, "Standard Test Method for Penetration Test and Split-Barrel Sampling of Soils"

**ASTM Standard D1587-00**, "Standard Practice for Thin-Walled Tube Sampling of Soils for Geotechnical Purposes"

**ASTM Standard F480-00**, "Standard Specification for Thermoplastic Well Casing Pipe and Couplings Made in Standard Dimension Ratios (SDR), SCH 40 and SCH 80"

**"Water Systems Handbook 11<sup>th</sup> Edition", available from:**

Water Systems Council  
National Programs Office  
1101 30<sup>th</sup> Street N.W., Suite 500  
Washington, DC 20007  
Phone: 888-395-1033  
Fax: 202-625-4363  
Web Site: [www.watersystemscouncil.org](http://www.watersystemscouncil.org)

**"NJ High Voltage Proximity Regulations"**

**"New Jersey Subsurface and Percolating Waters Act (N.J.S.A. 58:4A-4.1 et seq) and implementing regulations \*\*\*"**

**"New Jersey Safe Drinking Water Act (N.J.S.A. 58:12A-1 et seq) and implementing regulations\*\*\*"**

\*\*\*An applicant will be responsible for knowing those portions of the laws and regulations which pertain to the specific license category for which they have applied.

October 2003

## **JOURNEYMAN & MASTER WELL DRILLING LICENSE**

### **LIST OF SUGGESTED STUDY MATERIALS**

**“Ground Water & Wells”,**Driscoll (1986)  
Smythe Companies of Austin  
Att: Book Orders  
508 10<sup>th</sup> Street N.E.  
Austin, MN 55912  
Phone: 800-397-6110

The following six publications are available from:  
National Ground Water Association  
601 Dempsey Road  
Westerville, OH 43081  
Phone: 800-551-7379  
Fax: 614-898-7786  
Web site: [www.ngwa.org](http://www.ngwa.org) (the on-line store)

1. **“Ground Water Hydrology for Water Well Contractors”**
2. **“Water Well Drillers Beginning Training Manual”**
3. **“Employee Safety Manual”**
4. **“Well Drilling Operations”**
5. **“Manual on the Selection and Installation of Thermoplastic Water Well Casing”**
6. **“Well Drilling Manual”**

The following ASTM Standards are available from:

ASTM International  
100 Barr Harbor Drive  
West Conshohocken, PA 19428  
610-832-9585  
Web Site: [www.astm.org](http://www.astm.org)

**ASTM Standard D1586-99**, "Standard Test Method for Penetration Test and Split-Barrel Sampling of Soils"

**ASTM Standard D1587-00**, "Standard Practice for Thin-Walled Tube Sampling of Soils for Geotechnical Purposes"

**ASTM Standard D5092-90(1995)e1**, "Standard Practice for Design and Installation of Ground Water Monitoring Wells in Aquifers"

**ASTM Standard F480-00**, "Standard Specification for Thermoplastic Well Casing Pipe and Couplings Made in Standard Dimension Ratios (SDR), SCH 40 and SCH 80"

**"NJDEP Field Sampling Procedures Manual"**, May 1992

Maps and Publications Sales Office  
NJDEP  
P.O. Box 438  
Trenton, NJ 08625-0438  
Phone: 609-777-1038  
Web Site: [www.state.nj/dep/njgs/](http://www.state.nj/dep/njgs/)

**"Water Systems Handbook 11<sup>th</sup> Edition"**

Water Systems Council  
National Programs Office  
1101 30<sup>th</sup> Street N.W., Suite 500  
Washington, DC 20007  
Phone: 888-395-1033  
Fax: 202-625-4363  
Web Site: [www.watersystemscouncil.org](http://www.watersystemscouncil.org)

**"NJ High Voltage Proximity Regulations"**

**"New Jersey Subsurface and Percolating Waters Act (N.J.S.A. 58:4A-4.1 et seq) and implementing regulations"**\*\*\*

**"New Jersey Safe Drinking Water Act (N.J.S.A. 58:12A-1 et seq) and implementing regulations"**\*\*\*

\*\*\*An applicant will be responsible for knowing those portions of the laws and regulations which pertain to the specific license category for which they have applied.